



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES**

**Ernie Fletcher**  
Governor

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**Mark D. Birdwhistell**  
Secretary

**Glenn Jennings**  
Commissioner

November 27 2006

**RE: ADA 2006 Dental Claim Form  
Requirements**

Primary Care (31) Provider Letter Number: A-364  
Rural Health (35) Provider Letter Number: A-213  
Dentist (60) Provider Letter Number: A-149  
Dental Group (61) Provider Letter Number: A-11

Dear Kentucky Medicaid Dental Provider:

Due to the implementation of the National Provider Identification (NPI) number, the taxonomy number, the Unique Provider Identification Number (UPIN) and changes to the new version of the CMS-1500, it will be necessary for the Department of Medicaid Services to initiate the following changes effective March 5, 2007, for billing dental services. This will include billing for services rendered prior to this date and billed March 5, 2007, and after.

- 1) Provider Types 60 and 61 will now be required to bill services on the 2006 version of the ADA claim form. No other version of the ADA claim form or other type of dental billing claim form will be accepted.
- 2) Provider Types 31 and 35, who render dental services, will be required to bill on the 2006 version of the ADA claim form. Dental Services will no longer be able to be billed on the CMS-1500 form for these provider types.

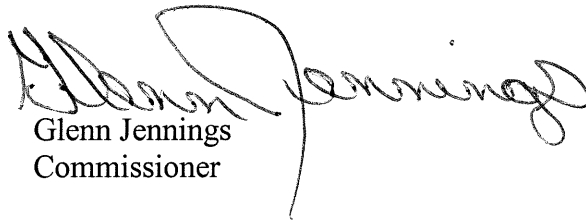
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Kentucky Medicaid Dental Provider  
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Copies of the 2006 ADA claim form can be obtained from ADA at the following website:  
[www.adacatalog.org](http://www.adacatalog.org) or by calling toll free 1-800-947-4746.

If you would prefer to bill electronically, please contact EDS Electronic Data Information at 1-800-205-4696.

Sincerely,



Glenn Jennings  
Commissioner

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GJ/CB/BAI/CKD/LD/jam/amd00134